

INFORMATION DISCLOSURE STATEMENT BY APPLICANT <small>(Use as many sheets as necessary)</small>		<i>Complete if Known</i>	
		Application Number	Unknown
		Filing Date	Even Date Herewith
		First Named Inventor	Carter, Daniel
		Group Art Unit	Unknown
		Examiner Name	Unknown
Sheet 1 of 2		Attorney Docket No: 884.467US2	

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8/2/04

Substitute Disclosure Statement Form (PTO-1449)

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. 1 Applicant's unique citation designation number (optional) 2 Applicant is to place a check mark here if English language Translation is attached

Substitute for form 1449A/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(Use as many sheets as necessary)</i>		Complete if Known <table border="1"> <tr> <td>Application Number</td> <td colspan="4">Unknown</td> </tr> <tr> <td>Filing Date</td> <td colspan="4">Even Date Herewith</td> </tr> <tr> <td>First Named Inventor</td> <td colspan="4">Carter, Daniel</td> </tr> <tr> <td>Group Art Unit</td> <td colspan="4">Unknown</td> </tr> <tr> <td>Examiner Name</td> <td colspan="4">Unknown</td> </tr> </table>					Application Number	Unknown				Filing Date	Even Date Herewith				First Named Inventor	Carter, Daniel				Group Art Unit	Unknown				Examiner Name	Unknown			
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